

MEDI-CAL FUNDED DELIVERIES

2001



The Great Seal

MEDICAL CARE STATISTICS SECTION

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This report provides summary data on Medi-Cal funded deliveries occurring in hospitals. The data are distributed by age, ethnicity and aid category of the mother, type of delivery and type of inpatient hospital (county versus community, contract versus non-contract). Average Medi-Cal payments for the fee-for-service component of these deliveries are also included. The report is based on information developed by linking hospital discharge records with Medi-Cal eligibility information.

This report, as well as previous years' reports, may be found at <http://www.dhs.ca.gov/MCSS>. Questions may be directed to Jan Rains by telephone at (916) 552-8570 or e-mail Jrains@dhs.ca.gov.

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EXECUTIVE SUMMARY

Births to Medi-Cal beneficiaries in calendar year 2001 increased two percent above calendar year 2000, to a total of 229,884. These births represented 43.71% of all births in California hospitals. This change, although slight, occurred despite a one percent drop in the overall number of births in California hospitals. This larger proportion of Medi-Cal births can be attributed to a number of program expansions during calendar year 2001 which resulted in a 15% growth in the average monthly number of Medi-Cal fee-for-service eligible women.

The general fertility rate of California women ages 15-44 dropped to 71.1 per thousand from 71.9 per thousand over the same time period.¹

As in previous years, women ages 20-24 delivered 33% of the babies, followed by women aged 25-29, who were responsible for 25% of the deliveries. Older teens, ages 18 and 19, dropped very slightly from 11.6% to 11.4%. The percentage of younger teens, ages 15 through 17, has been declining over the past several years from 7% in 1994 to 5.3% in 2001.

Hispanic women represented 68% of the Medi-Cal beneficiaries delivering in 2001. The next largest group was white women (16%), followed at 8% by black women and Asian/Pacific Islanders at only 6%.

Deliveries continue to be concentrated in the fee-for-service arena, with 71% of the deliveries covered by fee-for-service and the remaining 29% spread among various managed care arrangements.

Over 80% of the Medi-Cal funded deliveries fell into two major aid groups. The greatest number of deliveries was to persons in the "Families" aid group, followed closely by the "Undocumented" women. The Families group represented 43% of Medi-Cal deliveries in 2001 (compared to 41% in 2000) and Undocumented women climbed to 41% in 2001 from 39% in calendar year 2000. The "Percent Poverty" programs dropped from 12% in year 2000 to 10% in year 2001; all remaining categories were very small. See [Appendix A](#) for a list of aid codes by category.

The percentage of uncomplicated vaginal births dropped from 66.3% in calendar year 2000 to 64.9% in 2001. Cesarean births (uncomplicated) rose to 19.1% from 17.9% and complicated Cesarean births increased from 5.0% to 5.3%.

¹ California Department of Health Services, Center for Health Statistics

DATA QUALIFICATIONS

The Medi-Cal Funded Deliveries report has been published annually since 1978. This report provides statewide as well as county-level number of deliveries by age, type of delivery, type of facility and the amount of Medi-Cal expenditures. The information source, the Pregnancy Monitoring System (PMS), an extract from the Medi-Cal paid claims files, has been only minimally updated despite significant changes in the Medi-Cal program over the past two decades.

The change with the greatest impact on delivery reporting is undoubtedly the movement of Medi-Cal eligibles into managed care systems, and the consequential non-reporting of encounters within the paid claims file. To address this missing segment of delivery reporting, we have turned to a different data source, the Patient Discharge Data (PDD) system reporting all inpatient hospitalizations within California, which is maintained by the Office of Statewide Health Planning and Development (OSHPD). Sponsored partially by a grant funded by the Kaiser Family Foundation, the PDD was linked to Medi-Cal eligibility information for the years 1994 through 2000. A report based on the new data source was published in August 2002, providing information on calendar years 1994 through 2000. This calendar year 2001 report is the second in the delivery series utilizing the PDD/Medi-Cal linked file.

The PDD/Medi-Cal dataset provides an excellent resource for reporting the number of Medi-Cal funded deliveries in both fee-for-service and managed care settings. Demographic data, type of delivery, and aid code categorization were pulled from this source in developing the report. The PMS extract was used to build information on the average costs for fee-for-service deliveries and distribution by type of hospital (contract versus non-contract, county versus community).

Although the PDD/Medi-Cal linked file provides the most complete delivery information available at this time, it is likely that managed care deliveries are underreported to an unknown degree, believed to be relatively small. The reason for an undercount is that this report is based on a link between Medi-Cal eligible files and hospital discharge records. Inaccuracy in personal identifiers may result in non-linking records; the fee-for-service linkage was augmented by a secondary linkage based on Medi-Cal claims; however, managed care encounter data is not yet accurate enough to provide a useful tool for additional linkages. Since we were unable to augment the managed care links with encounter data, only records linking on personal identifiers such as Social Security Number, date of birth and gender could be included for managed care eligibles.

TABLE 1
DELIVERIES TO MEDI-CAL BENEFICIARIES
AS A PERCENT OF CALIFORNIA BIRTHS, AND
GENERAL CALIFORNIA FERTILITY RATE
1994 THROUGH 2001

	BIRTHS IN CALIFORNIA HOSPITALS ¹	BIRTHS TO MEDI-CAL BENEFICIARIES ²	MEDI-CAL AS PERCENT OF TOTAL	GENERAL FERTILITY RATE OF CALIFORNIA WOMEN ¹
1994	564,929	269,770	47.75%	78.1
1995	549,213	261,371	47.59%	76.3
1996	536,771	253,487	47.22%	74.7
1997	522,707	230,873	44.17%	72.2
1998	519,961	215,848	41.51%	71.4
1999	515,235	218,316	42.37%	70.5
2000	529,766	224,405	42.36%	71.9
2001	525,959	229,884	43.71%	71.1

Source:

¹California Department of Health Services, Center for Health Statistics

²California Department of Health Services, Medical Care Statistics Section,
PDD/MEDS Linked File, 2001.

TABLE 2
DELIVERIES TO MEDICAL BENEFICIARIES
BY AGE AND ETHNICITY,
CALENDAR YEAR 2001

NUMBER

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
UNDER 15	67	80	353	19	2	72	593
15-17	1,453	1,054	7,645	556	53	1,363	12,124
18-19	4,402	2,485	16,567	1,141	144	1,418	26,157
20-24	13,655	6,990	51,618	3,412	393	916	76,984
25-29	7,872	4,372	40,826	3,685	214	246	57,215
30-34	4,932	2,579	24,247	3,142	132	191	35,223
35-44	3,266	1,688	13,967	2,172	86	162	21,341
45 & UP	33	13	139	58	0	4	247
Total	35,680	19,261	155,362	14,185	1,024	4,372	229,884

PERCENT

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
UNDER 15	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.3%
15-17	0.6%	0.5%	3.3%	0.2%	0.0%	0.6%	5.3%
18-19	1.9%	1.1%	7.2%	0.5%	0.1%	0.6%	11.4%
20-24	5.9%	3.0%	22.5%	1.5%	0.2%	0.4%	33.5%
25-29	3.4%	1.9%	17.8%	1.6%	0.1%	0.1%	24.9%
30-34	2.1%	1.1%	10.5%	1.4%	0.1%	0.1%	15.3%
35-44	1.4%	0.7%	6.1%	0.9%	0.0%	0.1%	9.3%
45 & UP	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%
Total	15.5%	8.4%	67.6%	6.2%	0.4%	1.9%	100.0%

TABLE 3
DELIVERIES TO MEDICAL BENEFICIARIES
BY ETHNICITY AND AID CATEGORY,
CALENDAR YEAR 2001

NUMBER

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	24,846	1,139	982	1,413	1,058	6,192	6	44	35,680
BLACK	16,231	1,027	229	268	401	1,085	2	18	19,261
HISPANIC	48,636	121	2,008	2,140	88,763	13,369	101	224	155,362
ASIAN OR PACIFIC ISLANDER	7,431	795	212	434	2,613	2,664	2	34	14,185
AMERICAN INDIAN OR ALASKAN	800	30	24	27	33	109	0	1	1,024
NOT REPORTED	411	351	18	19	226	84	3,261	2	4,372
TOTAL	98,355	3,463	3,473	4,301	93,094	23,503	3,372	323	229,884

PERCENT

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
WHITE	10.8%	0.5%	0.4%	0.6%	0.5%	2.7%	0.0%	0.0%	15.5%
BLACK	7.1%	0.4%	0.1%	0.1%	0.2%	0.5%	0.0%	0.0%	8.4%
HISPANIC	21.2%	0.1%	0.9%	0.9%	38.6%	5.8%	0.0%	0.1%	67.6%
ASIAN OR PACIFIC ISLANDER	3.2%	0.3%	0.1%	0.2%	1.1%	1.2%	0.0%	0.0%	6.2%
AMERICAN INDIAN OR ALASKAN	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
NOT REPORTED	0.2%	0.2%	0.0%	0.0%	0.1%	0.0%	1.4%	0.0%	1.9%
TOTAL	42.8%	1.5%	1.5%	1.9%	40.5%	10.2%	1.5%	0.1%	100.0%

TABLE 4
DELIVERIES TO MEDICAL BENEFICIARIES
BY TYPE OF DELIVERY AND AID CATEGORY,
CALENDAR YEAR 2001

NUMBER

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL WITHOUT COMPLICATIONS	63,571	1,862	2,528	2,670	60,628	15,253	2,577	174	149,263
VAGINAL WITH COMPLICATIONS	6,579	300	312	309	5,403	1,578	285	18	14,784
VAGINAL WITH STERILIZATION/D&C	4,262	150	10	169	3,888	1,022	12	7	9,520
VAGINAL W/OTHER PROCEDURE	43	1	2	1	44	11	0	1	103
CESAREAN W/O COMPLICATIONS	18,082	703	502	883	18,798	4,496	381	101	43,946
CESAREAN WITH COMPLICATIONS	5,771	445	118	269	4,302	1,133	116	22	12,176
DELIVERY W/OTHER PROCEDURE	47	2	1	0	31	10	1	0	92
TOTAL	98,355	3,463	3,473	4,301	93,094	23,503	3,372	323	229,884

PERCENT

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
VAGINAL WITHOUT COMPLICATIONS	27.7%	0.8%	1.1%	1.2%	26.4%	6.6%	1.1%	0.1%	64.9%
VAGINAL WITH COMPLICATIONS	2.9%	0.1%	0.1%	0.1%	2.4%	0.7%	0.1%	0.0%	6.4%
VAGINAL WITH STERILIZATION/D&C	1.9%	0.1%	0.0%	0.1%	1.7%	0.4%	0.0%	0.0%	4.1%
VAGINAL W/OTHER PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CESAREAN W/O COMPLICATIONS	7.9%	0.3%	0.2%	0.4%	8.2%	2.0%	0.2%	0.0%	19.1%
CESAREAN WITH COMPLICATIONS	2.5%	0.2%	0.1%	0.1%	1.9%	0.5%	0.1%	0.0%	5.3%
DELIVERY W/OTHER PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	42.8%	1.5%	1.5%	1.9%	40.5%	10.2%	1.5%	0.1%	100.0%

TABLE 5
DELIVERIES TO MEDICAL BENEFICIARIES
BY TYPE OF DELIVERY AND ETHNICITY,
CALENDAR YEAR 2001

NUMBER

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL WITHOUT COMPLICATIONS	22,910	11,767	101,147	9,649	623	3,167	149,263
VAGINAL WITH COMPLICATIONS	2,568	1,418	9,313	1,031	99	355	14,784
VAGINAL WITH STERILIZATION OR D&C	1,405	844	6,774	405	43	49	9,520
VAGINAL WITH OTHER PROCEDURE	15	11	69	7	0	1	103
CESAREAN WITHOUT COMPLICATIONS	6,631	3,667	30,484	2,381	182	601	43,946
CESAREAN WITH COMPLICATIONS	2,133	1,547	7,516	707	75	198	12,176
DELIVERY WITH UNRELATED OR PROCEDURE	18	7	59	5	2	1	92
TOTAL	35,680	19,261	155,362	14,185	1,024	4,372	229,884

PERCENT

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
VAGINAL WITHOUT COMPLICATIONS	10.0%	5.1%	44.0%	4.2%	0.3%	1.4%	64.9%
VAGINAL WITH COMPLICATIONS	1.1%	0.6%	4.1%	0.4%	0.0%	0.2%	6.4%
VAGINAL WITH STERILIZATION OR D&C	0.6%	0.4%	2.9%	0.2%	0.0%	0.0%	4.1%
VAGINAL WITH OTHER PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CESAREAN WITHOUT COMPLICATIONS	2.9%	1.6%	13.3%	1.0%	0.1%	0.3%	19.1%
CESAREAN WITH COMPLICATIONS	0.9%	0.7%	3.3%	0.3%	0.0%	0.1%	5.3%
DELIVERY WITH UNRELATED OR PROCEDURE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL	15.5%	8.4%	67.6%	6.2%	0.4%	1.9%	100.0%

TABLE 6
DELIVERIES TO MEDICAL BENEFICIARIES
BY TYPE OF PAYMENT SYSTEM AND AID CATEGORY,
CALENDAR YEAR 2001

NUMBER

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	35,675	2,439	1,529	3,218	92,891	23,297	3,372	309	162,730
County Organized Health System	7,978	255	357	524	195	29	0	1	9339
GMC	7,708	145	340	128	0	12	0	1	8,334
Two-Plan (CP)	20,320	289	644	156	2	68	0	4	21,483
Two-Plan (LI)	26,659	334	603	275	6	97	0	8	27,982
PCCM	3	0	0	0	0	0	0	0	3
Prepaid Health Plan	12	1	0	0	0	0	0	0	13
Total	98,355	3,463	3,473	4,301	93,094	23,503	3372	323	229,884

PERCENT

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
Fee For Service	15.5%	1.1%	0.7%	1.4%	40.4%	10.1%	1.5%	0.1%	70.8%
County Organized Health System	3.5%	0.1%	0.2%	0.2%	0.1%	0.0%	0.0%	0.0%	4.1%
GMC	3.4%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	3.6%
Two-Plan (CP)	8.8%	0.1%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	9.3%
Two-Plan (LI)	11.6%	0.1%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	12.2%
PCCM	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Prepaid Health Plan	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	42.8%	1.5%	1.5%	1.9%	40.5%	10.2%	1.5%	0.1%	100.0%

TABLE 7
AVERAGE AMOUNT PAID PER DELIVERY TO
FEE-FOR-SERVICE MEDICAL BENEFICIARIES AND
AVERAGE NUMBER OF DELIVERIES PER HOSPITAL,
BY TYPE OF HOSPITAL, CALENDAR YEAR 2001²

	Average Number Of Deliveries	Average Amount Paid
ALL HOSPITALS	342	\$ 3,045
Contract	536	\$ 2,876
Non-Contract	124	\$ 3,871
COUNTY HOSPITALS	850	\$ 3,739
Contract	1,025	\$ 3,702
Non-Contract	108	\$ 5,261
COMMUNITY HOSPITALS	314	\$ 2,941
Contract	493	\$ 2,726
Non-Contract	124	\$ 3,845

² Expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.

TABLE 8
AVERAGE LENGTH OF STAY
BY TYPE OF DELIVERY AND AGE OF MOTHER
FEE-FOR-SERVICE, CALENDAR YEAR 2001

	NON- CESAREAN	CESAREAN	TOTAL
UNDER 15	2.4	4.2	2.6
15-17	2.3	4.0	2.5
18-19	2.2	3.8	2.4
20-24	2.2	3.5	2.4
25-29	2.1	3.3	2.3
30-34	2.2	3.3	2.5
35-44	2.3	3.5	2.6
45 & UP	2.8	3.8	3.1
Total	2.2	3.4	2.4

TABLE 9
AVERAGE MEDI-CAL PAYMENT
BY TYPE OF DELIVERY AND AGE OF MOTHER
FEE-FOR-SERVICE, CALENDAR YEAR 2001³

	NON- CESAREAN	CESAREAN	TOTAL
UNDER 15	\$ 2,999	\$ 6,288	\$ 3,340
15-17	\$ 2,875	\$ 5,087	\$ 3,117
18-19	\$ 2,798	\$ 4,931	\$ 3,055
20-24	\$ 2,722	\$ 4,616	\$ 2,996
25-29	\$ 2,648	\$ 4,390	\$ 2,967
30-34	\$ 2,733	\$ 4,398	\$ 3,094
35-44	\$ 2,902	\$ 4,476	\$ 3,294
45 & UP	\$ 3,107	\$ 4,421	\$ 3,495
Total	\$ 2,733	\$ 4,513	\$ 3,045

³ Expenditures include payments to physicians for pregnancy-related claims if a matching hospital delivery claim was identified. Although prenatal and postpartum pregnancy-related services may be included in the total, other non-pregnancy related services during the prenatal and postpartum months are excluded.

TABLE 10
DELIVERIES TO MEDICAL BENEFICIARIES
BY BENEFICIARY COUNTY AND AID CATEGORY,
CALENDAR YEAR 2001

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
STATEWIDE	98,355	3,463	3,473	4,301	93,094	23,503	3,372	323	229,884
ALAMEDA	2,720	147	95	229	2,262	635	127	3	6,218
ALPINE	4	0	0	0	0	0	0	0	4
AMADOR	59	2	2	0	7	20	1	0	91
BUTTE	869	45	20	10	133	212	3	1	1,293
CALAVERAS	106	2	2	6	13	24	3	0	156
COLUSA	78	2	2	4	87	55	4	0	232
CONTRA COSTA	1,472	92	39	75	1,221	349	54	9	3,311
DEL NORTE	118	11	5	4	16	17	1	1	173
EL DORADO	285	8	5	6	113	97	16	2	532
FRESNO	4,740	168	186	180	2,349	1,048	140	5	8,816
GLENN	109	3	6	7	61	50	2	0	238
HUMBOLDT	525	26	10	12	73	117	17	2	782
IMPERIAL	901	12	25	33	176	185	14	0	1,346
INYO	67	1	1	0	18	21	2	0	110
KERN	3,634	184	90	79	1,856	673	88	3	6,607
KINGS	579	23	11	16	313	141	19	1	1103
LAKE	239	27	9	8	26	31	4	0	344
LASSEN	89	5	5	2	10	23	1	0	135
LOS ANGELES	33,853	830	822	884	40,552	5,172	770	231	83,114
MADERA	594	15	20	29	668	121	28	2	1,477
MARIN	136	2	1	3	355	47	2	3	549
MARIPOSA	52	1	1	2	4	6	0	0	66
MENDOCINO	323	19	8	6	138	113	8	2	617
MERCED	1,264	49	34	28	789	256	27	2	2,449
MODOC	26	0	0	0	1	3	0	0	30
MONO	22	0	2	1	52	16	0	2	95
MONTEREY	1,163	30	41	26	1,890	563	97	1	3,811

TABLE 10, (CONTINUED)

	FAMILIES	AGED BLIND OR DISABLED	MEDICALLY INDIGENT		UNDOC- UMENTED	PERCENT POVERTY	MINOR CONSENT	ALL OTHER	TOTAL
			CHILD	ADULT					
NAPA	153	12	9	11	200	86	4	1	476
NEVADA	138	6	1	3	44	54	10	1	257
ORANGE	3,771	81	180	260	10,037	1963	426	5	16,723
PLACER	295	5	20	21	151	117	7	1	617
PLUMAS	53	2	0	2	5	18	1	0	81
RIVERSIDE	5,012	190	267	318	4,100	1,600	223	5	11,715
SACRAMENTO	4,840	253	200	257	1,360	836	35	2	7,783
SAN BENITO	160	2	13	10	147	45	10	0	387
SAN BERNARDINO	7,269	247	270	385	3,729	1,348	275	4	13,527
SAN DIEGO	5,381	212	300	499	4,916	1,867	289	13	13,477
SAN FRANCISCO	981	71	19	27	826	522	47	2	2,495
SAN JOAQUIN	2,616	148	72	75	1,222	516	69	4	4,722
SAN LUIS OBISPO	395	25	29	38	294	181	9	0	971
SAN MATEO	433	23	26	65	982	317	65	0	1,911
SANTA BARBARA	864	39	47	51	1,337	359	38	1	2,736
SANTA CLARA	1,975	70	91	129	3,480	685	98	7	6,535
SANTA CRUZ	406	9	20	33	628	224	53	1	1,374
SHASTA	738	44	19	12	27	191	7	1	1,039
SIERRA	4	0	0	0	1	2	0	0	7
SISKIYOU	126	10	4	1	7	37	1	0	186
SOLANO	924	45	22	66	404	187	31	1	1,680
SONOMA	507	27	41	56	871	260	16	1	1,779
STANISLAUS	1,935	71	112	89	1,002	442	64	1	3,716
SUTTER	320	13	9	4	149	133	6	0	634
TEHAMA	213	8	8	9	81	62	11	0	392
TRINITY	44	2	1	0	2	16	0	0	65
TULARE	2,267	60	148	137	1,653	571	78	2	4,916
TUOLUMNE	138	4	1	4	11	47	0	0	205
VENTURA	1,572	31	70	61	1,907	606	64	0	4,311
YOLO	428	21	22	18	267	117	5	0	878
YUBA	370	28	10	10	71	99	2	0	590

TABLE 11
DELIVERIES TO MEDI-CAL BENEFICIARIES
BY BENEFICIARY COUNTY AND AGE OF MOTHER,
CALENDAR YEAR 2001

	UNDER 15	15-17	18-19	20-24	25-29	30-34	35-44	45 & UP	TOTAL
STATEWIDE	593	12,124	26,157	76,984	57,215	35,223	21,341	247	229,884
ALAMEDA	22	310	691	2,034	1,609	968	580	4	6,218
ALPINE	0	0	0	1	2	1	0	0	4
AMADOR	1	7	8	41	17	9	8	0	91
BUTTE	3	60	167	470	306	177	107	3	1,293
CALAVERAS	0	4	19	63	32	18	20	0	156
COLUSA	0	6	29	87	62	27	21	0	232
CONTRA COSTA	9	178	369	1,113	839	507	295	1	3,311
DEL NORTE	2	8	30	60	34	23	16	0	173
EL DORADO	0	34	70	193	122	67	45	1	532
FRESNO	35	626	1,214	3,147	2,002	1,059	723	10	8,816
GLENN	0	5	30	88	72	23	19	1	238
HUMBOLDT	0	32	87	315	203	84	61	0	782
IMPERIAL	7	87	197	463	291	185	115	1	1,346
INYO	0	6	13	56	22	9	4	0	110
KERN	22	398	946	2,399	1,448	851	539	4	6,607
KINGS	2	72	152	429	238	137	71	2	1103
LAKE	1	23	51	116	70	48	35	0	344
LASSEN	0	9	17	59	24	12	14	0	135
LOS ANGELES	194	4,086	8,320	25,834	21,725	14,145	8,715	95	83,114
MADERA	8	100	227	519	342	165	114	2	1,477
MARIN	1	16	39	172	163	106	52	0	549
MARIPOSA	0	4	4	27	17	8	6	0	66
MENDOCINO	1	38	79	220	148	85	46	0	617
MERCED	8	152	343	907	522	331	185	1	2,449
MODOC	0	0	2	13	11	4	0	0	30
MONO	0	4	8	37	28	10	7	1	95

TABLE 11, (CONTINUED)

	UNDER 15	15-17	18-19	20-24	25-29	30-34	35-44	45 & UP	TOTAL
MONTEREY	12	234	449	1,372	896	524	320	4	3,811
NAPA	0	22	48	162	123	71	49	1	476
NEVADA	0	14	35	101	53	30	24	0	257
ORANGE	30	719	1,702	5,252	4,548	2,825	1,629	18	16,723
PLACER	0	27	83	232	155	76	43	1	617
PLUMAS	0	3	10	38	18	7	5	0	81
RIVERSIDE	31	707	1,467	4,137	2,809	1,642	917	5	11,715
SACRAMENTO	30	399	938	2,746	1,868	1,112	672	18	7,783
SAN BENITO	1	22	46	152	87	43	36	0	387
SAN BERNARDINO	30	771	1,703	4,939	3108	1,869	1,099	8	13,527
SAN DIEGO	45	718	1,545	4,430	3386	2,082	1,255	16	13,477
SAN FRANCISCO	9	86	203	742	663	468	314	10	2,495
SAN JOAQUIN	11	286	643	1,677	1,069	626	405	5	4,722
SAN LUIS OBISPO	2	39	111	366	223	148	81	1	971
SAN MATEO	5	74	180	672	485	321	172	2	1,911
SANTA BARBARA	4	158	333	960	662	412	206	1	2,736
SANTA CLARA	14	321	758	2272	1,660	957	550	3	6,535
SANTA CRUZ	1	63	152	471	353	213	121	0	1,374
SHASTA	2	70	164	438	211	89	64	1	1,039
SIERRA	0	1	0	3	2	0	1	0	7
SISKIYOU	1	17	28	71	41	16	12	0	186
SOLANO	6	77	196	628	416	230	127	0	1,680
SONOMA	4	84	196	659	468	242	124	2	1,779
STANISLAUS	9	242	486	1,377	830	494	275	3	3,716
SUTTER	1	30	83	227	153	89	50	1	634
TEHAMA	1	22	56	158	81	45	29	0	392
TRINITY	1	2	13	25	7	12	5	0	65
TULARE	15	313	694	1,767	1,088	631	398	10	4,916
TUOLUMNE	0	8	22	100	33	24	18	0	205
VENTURA	12	232	496	1,438	1,070	653	403	7	4,311
YOLO	0	52	108	307	182	139	88	2	878
YUBA	0	46	97	202	118	74	51	2	590

TABLE 12
DELIVERIES TO MEDICAL BENEFICIARIES
BY BENEFICIARY COUNTY AND ETHNICITY,
CALENDAR YEAR 2001

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
STATEWIDE	35,680	19,261	155,362	14,185	1,024	4,372	229,884
ALAMEDA	631	1,761	2,769	883	17	157	6,218
ALPINE	2	0	0	0	2	0	4
AMADOR	71	1	10	1	5	3	91
BUTTE	825	33	288	104	36	7	1,293
CALAVERAS	131	1	14	1	6	3	156
COLUSA	45	0	174	1	6	6	232
CONTRA COSTA	672	638	1,687	254	2	58	3,311
DEL NORTE	122	1	19	9	21	1	173
EL DORADO	329	3	163	11	6	20	532
FRESNO	1,170	601	6,075	764	34	172	8,816
GLENN	97	2	117	12	8	2	238
HUMBOLDT	539	14	93	27	89	20	782
IMPERIAL	110	19	1,187	12	0	18	1,346
INYO	47	1	33	1	25	3	110
KERN	1,494	483	4,307	187	26	110	6,607
KINGS	210	61	778	29	5	20	1,103
LAKE	230	14	75	4	14	7	344
LASSEN	95	2	19	7	9	3	135
LOS ANGELES	5,475	8,189	63,727	4,284	123	1,316	83,114
MADERA	245	22	1,159	16	5	30	1,477
MARIN	93	24	397	31	1	3	549
MARIPOSA	54	1	7	1	3	0	66
MENDOCINO	325	5	224	4	48	11	617
MERCED	466	86	1,678	148	9	62	2,449
MODOC	25	0	2	0	3	0	30
MONO	24	0	63	1	6	1	95
MONTEREY	285	72	3,219	121	6	108	3,811

TABLE 12, (CONTINUED)

	WHITE	BLACK	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN OR ALASKAN	NOT REPORTED	TOTAL
NAPA	130	4	328	7	0	7	476
NEVADA	188	3	52	1	1	12	257
ORANGE	1,859	214	12,947	1,236	15	452	16,723
PLACER	361	8	218	10	13	7	617
PLUMAS	70	1	8	0	1	1	81
RIVERSIDE	2,279	772	8,052	290	63	259	11,715
SACRAMENTO	2,753	1,428	2,359	1,123	55	65	7,783
SAN BENITO	38	4	330	4	0	11	387
SAN BERNARDINO	2,946	1,610	8,117	457	72	325	13,527
SAN DIEGO	2,473	1,114	8,678	836	50	326	13,477
SAN FRANCISCO	254	468	1,018	686	10	59	2,495
SAN JOAQUIN	967	502	2,555	593	20	85	4,722
SAN LUIS OBISPO	421	10	494	28	5	13	971
SAN MATEO	221	102	1,265	248	2	73	1,911
SANTA BARBARA	339	27	2,249	69	10	42	2,736
SANTA CLARA	536	192	4,860	823	22	102	6,535
SANTA CRUZ	225	11	1,061	22	0	55	1,374
SHASTA	861	17	68	36	46	11	1,039
SIERRA	6	0	1	0	0	0	7
SISKIYOU	141	4	17	5	14	5	186
SOLANO	415	400	663	156	12	34	1,680
SONOMA	500	37	1,158	44	19	21	1,779
STANISLAUS	1,186	116	2,161	163	10	80	3,716
SUTTER	238	9	301	76	3	7	634
TEHAMA	242	2	127	1	9	11	392
TRINITY	59	0	4	0	2	0	65
TULARE	842	65	3,761	145	20	83	4,916
TUOLUMNE	171	2	22	1	5	4	205
VENTURA	555	53	3,536	91	8	68	4,311
YOLO	268	38	500	57	9	6	878
YUBA	324	14	168	64	13	7	590

APPENDIX A: AID CODE CATEGORIZATION

Medical Care Statistics Section determined placement of individual aid codes into categories for this report. Aid code descriptions were taken from EDS Provider Manual as of September 2003.

FAMILIES:

Code	Benefits	Share of Cost	Program/Description
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	TANF–Timed out. Recipients who have reached their TANF 60-month time limit and remain eligible for CalWORKs.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from <u>CalWORKs</u> until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to <u>CalWORKs</u> cash grant or <u>Section 1931(b) program</u> discontinuance due to increased earnings or increased hours of employment.
3E	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKs Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.

Code	Benefits	Share of Cost	Program/Description
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	AFDC – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3U	Full	No	CalWORKS Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.

AGED, BLIND OR DISABLED:

Code	Benefits	Share of Cost	Program/Description
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.

65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the <u>recipients</u> .
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no SOC) Medi-Cal to qualified disabled individuals/couples.

MEDICALLY INDIGENT - CHILD

Code	Benefits	Share of Cost	Program/Description
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
82	Full	No	MI – Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.

MEDICALLY INDIGENT – ADULT

Code	Benefits	Share of Cost	Program/Description
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC.
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.

87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.
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UNDOCUMENTED:

Code	Benefits	Share of Cost	Program/Description
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged). Provides emergency and pregnancy-related benefits (no SOC) to qualified aged individuals/couples who do not have satisfactory immigration status.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3V	Restricted to pregnancy and emergency services	No	Section 1931(b). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. <u>(FFP for emergency services including labor and delivery. State-only for pregnancy-related services.)</u>
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – <u>Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.</u> Provides family planning, pregnancy-related and postpartum services for any age female, if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not PRUCOL. LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <u>aliens who do not have lawful</u> Permanent Resident Alien, PRUCOL or Amnesty Alien status <u>(including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <u>pregnant alien women who do not have lawful</u> Permanent Resident Alien, PRUCOL or Amnesty Alien status <u>(including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to <u>aliens without satisfactory immigration status who have received benefits under aid code 5T and are</u> 19 years of age or older.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien (Not ABD or Under 18)). Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.

PERCENT POVERTY:

Code	Benefits	Share of Cost	Program/Description
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) – <u>Covers</u> United States Citizen/ <u>U.S. National and aliens with satisfactory immigration status including lawful</u> Permanent Resident Aliens/ <u>Amnesty Aliens and</u> PRUCOL Aliens. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1-year-old and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is at or below 200 percent of the federal poverty level.
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.

MINOR CONSENT:

Code	Benefits	Share of Cost	Program/Description
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.